To be used for initial registrations and renewals.

#189

## FOR OFFICE USE ONLY Postmark Date: 3 - 19 - 01

Instructions

- Print in Ink or type. Complete form and return with \$10 registration fee to the Board of Buies, 8401 United Plaza Blvd., Suite 200 Baion Rouge, 1-A 70809-7017, (225)
  - 922-1400 or (800) 842-6630. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January
- 31.

I. NAME

Thomas

First

State

M

1010700

Zip

Zip

225-343-9243 2. BUSINESSPHONE

Aren Code and Phone Number

Tate

1755 Nicholson Drive Baton Rouge, LA 70802 3. BUSINESS ADDRESS

Spect and No.

P.O. Box 479 Baton Rouge, LA 70821-0479 MAILING ADDRESS

City Street and No.

Same As Above 5 EMPLOYER'S ADDRESS Street and No.

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone clse pays you to lobby.

1755 Nicholson Drive Baton Rouge, LA 70802

City

Louisiana Association of Educators

4. EMPLOYER Louisiana Association of Educators [LAE]

Business or purpose\_ Educational

Does this person pay you? Yes

If No, who pays you?

Address

## · LOBBYING REGISTRATION FORM

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| 4.0    | Sec.   | 14 500  | SESTI A | bon . | hanner |
| 337 W. | e 1000 | 3 8 2 2 | 50038   | 7 6 4 | W.     |

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|----|---------------------------|----------------|--------------|--------|------------------|
|    |                           |                |              |        |                  |
|    | Address                   |                |              |        |                  |
|    | Business or purpose       |                |              |        |                  |
|    | Does this person pay you? | —s             |              | 8      |                  |
|    | If No, who pays you?      |                | (n)          |        |                  |
| 3. | Name                      | *              |              |        |                  |
|    | Address                   |                | 167<br>0 188 |        |                  |
|    | Business of purpose       |                |              |        |                  |
|    | Does this person pay you? | <del>-</del> e |              |        |                  |
|    | If No, who pays you?      |                |              |        |                  |
| 4. | Name                      |                |              |        |                  |
|    | Address                   |                |              |        | 1755125<br>16561 |
|    | Business or purpose       |                |              | 70000  |                  |
|    | Does this person pay you? | <del></del> 73 |              |        |                  |
|    | If No, who pays you?      |                |              | ····   |                  |
|    |                           | CERTIFIC       | CATION OF AC | CURACY |                  |

I hereby certify that the information contained herein is true and correct to information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

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